



ARIZONA SUPREME COURT  
Alternative Business Structure  
Authorized Person Update

Business Name: \_\_\_\_\_ License Number: \_\_\_\_\_

- ☐ Add the following Authorized Person. Submit a signed Authorized Person Application.
- ☐ Delete the following authorized person.

**Legal Name:**

\_\_\_\_\_  
Legal Last Name Full First Name Full Middle Name:

**Corporate Title/Position:** \_\_\_\_\_

**Home Address (may not be a P.O. box):**

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Home Telephone Number:** ( )

**Other Professional / Occupational Licenses or Certifications:**

**DESIGNATED PRINCIPAL'S SIGNATURE:** \_\_\_\_\_

**DESIGNATED PRINCIPAL'S PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Submit to:  
Arizona Supreme Court  
Certification and Licensing Division  
1501 W. Washington St., Suite 104  
Phoenix, Arizona 85007  
(602) 452-3378  
[ABSProgram@courts.az.gov](mailto:ABSProgram@courts.az.gov)